Appl. No. 09/981,130 Amdt. dated 1/10/05

Reply to Office Action of 9/13/04

Docket: 990530

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In Re Application | .) | |
|----------------------|-------------|--------------------------------|
| No. 09/981,130 |) For: | FAST, ITERATIVE SYSTEM |
| |) | AND METHOD FOR |
| |) | EVALUATING A MODULO |
| Shimman Patel |) . | OPERATION WITHOUT USING |
| |) | DIVISION |
| Examiner: Chat C. Do | į | |
| Filed: 10/17/2001 |)) | 2124 |
| Filea: 10/1//2001 |) Group No. | 2124 |

RESPONSE TO OFFICE ACTION

Mail Stop Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

05/03/2005 CBARNES1 00000014 170026 09981130

01 FC:1251 02 FC:1201 Dean Commissioner:

200.00 DA 200.00 identified application as indicated below. Applicant hereby petitions a one (1) month Extension of time to January 13, 2005.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

MAILING

Depositor's Name: (type or print name) Date: _

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla-Kasinedo

Date: 1/10/05

Signature:

Attorney Docket No.: 990530

Customer No.: 23696

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PAGE 3/10 * RCVD AT 1/10/2005 8:26:39 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID;+ * DURATION (mm-ss):02-46

C.

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PTO/SB/21

U.S. Department of Commerce Patent and Trademark Office PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 23696
Attorney Docket No.: 990530
In Re Application of: Patel, et al.
Serial Number: 09/981,130
Piled: 10/16/01

pplication of: Patel, et al. grant 2003 umber: 09/981,130

Examiner: Char C. Do Group Art Unit: 2124

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| (a) Number Remaining After Amendment Previously Paid Claims Large Entity Fee Fee Paid Total* 14 23 x \$50 = \$ Independent** 4 3 1 x \$200 = \$200 Multiple Dependent Claim(s): Yes No \$360 \$ Multiple Dependent Claim(s): Yes No \$360 \$ EXTENSION FEES No S120 \$120 EXTENSION FEES No S120 \$3120 EXTERMINAL DISCLAIMER \$130 \$0 TERMINAL DISCLAIMER \$130 \$0 TERMINAL DISCLAIMER \$130 \$0 TOTAL FEE \$320 *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 1, enter 0 in column c. *If the number in column a is less than 1, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less than 3, enter 0 in column a is less | temanian mara. | · | | | • • | |
|--|--|---|--------------------------------------|-------------|--|------------|
| Independent** 4 3 1 x \$200 = \$200 Multiple Dependent Claim(s): Yes No \$360 \$ Two Months \$3450 \$ Three Months \$31020 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Three Months \$31020 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Three Months \$31020 \$ Three Months \$31020 \$ Total Fee \$320 \$ Total Fee \$320 \$ Multiple Dependent Claim(s): Yes No \$360 \$ Three Months \$31020 \$ Total Fee \$320 \$ Total Fee \$320 \$ Total Fee \$320 \$ Total Fee \$320 \$ Three Commissioner is less than 3, enter 0 in column c. | CLAIMS | Remaining After | Number Previously Paid | Extra | Large Entity Fee | Fee Paid |
| Multiple Dependent Claim(s): Yes No \$360 \$ Two Months \$450 \$ Three Months \$1020 \$ Three Months \$1020 \$ Three Months \$1020 \$ Total Fee \$320 \$ Total Fee \$320 \$ Total Fee \$320 \$ Tees check in the amount of \$ is enclosed to pay for any claim and/or extension fees. \$ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: George C. Pappas, Reg. No. 35,065 | Total* | 14 | 23 | | x \$50= | \$ |
| EXTENSION FEES Two Months \$120 \$120 | Independent** | 4 | 3 | 1 | x \$200 = | \$200 |
| EXTENSION FEES Two Months \$450 \$120 Three Months \$450 \$ Three Months \$1020 \$ Terminal Disclaimer \$130 \$0 Terminal Disclaimer \$130 \$0 Total Fee \$320 Total Fee \$320 Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR/1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: Signature: | | | | | \$360 | \$ |
| TERMINAL DISCLAIMER *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. TOTAL FEE \$320 *TOTAL FEE | | | ⊠ o | ne Month | \$120 | \$120 |
| TERMINAL DISCLAIMER \$130 \$0 If the number in column a is less than 20, enter 0 in column c. If the number in column a is less than 3, enter 0 in column c. Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Signature: George C. Pappas, Reg. No. 35,065 | EX | CTENSION FEES | | wo Months | \$450 | \$ |
| *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column and/or extension fees. *If the number in and/or extension fees. | | | OΤ | hree Months | \$1020 | .\$ |
| **If the number in column a is less than 3, enter 0 in column c. Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Onte: | | TERMINAL | DISCLAIMER | | \$130 | \$0 |
| Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$320. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR/1.18 inclusive, for the entire pendency of this application without specific additional authorization. Signature: | *If the number in co | nlumn a is less than 20, column a is less than 3. | enter O in column o. | | TOTAL FEB | \$320 |
| | Attn: Patent Dep 5775 Morehouse San Diego, Calif Telephone: | partment Drive comia 92121-1714 (858) 658-5787 | | | George C. Pappas, Reg. I 858-651-1306 | NO. 22,007 |
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| deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | • | | name) | Signature: | Sype or join name | |
| with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: | Date: 1/10/05 | | | _ | | |

(TRANSAMD.VER1.13-04/30/04)

PAGE 2/10 * RCVD AT 1/10/2005 8:26:39 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID;+ * DURATION (mm-ss):02-46